

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MCHENRY FOR CONGRESS

ADDRESS (number and street) PO BOX 1406

Check if different than previously reported. (ACC) HICKORY NC 28603

2. **FEC IDENTIFICATION NUMBER** C00393629 **CITY** **STATE** NC **ZIP CODE** 28603 **STATE** NC **DISTRICT** 10

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2011 through 03 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Catherine McHenry Rains

Signature of Treasurer Electronically Filed by Catherine McHenry Rains Date 04 15 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

A. Form/Schedule : **F3N**

Transaction ID :

Schedule B includes all required additional memo entries for reimbursements. All other reimbursements do not meet the \$200.00 per vendor threshold; therefore no further itemization is necessary.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

MCHENRY FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	138338.39	153788.39
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	138338.39	149588.39
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	72587.68	121675.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	60.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	72587.68	121615.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	89503.50	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
MCHENRY FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	78550.00	90860.00
(i) Itemized (use Schedule A).....	470.00	1610.00
(ii) Unitemized.....	79020.00	92470.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	59318.39	61318.39
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	138338.39	153788.39
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	60.53
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	138338.39	153848.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	72587.68	121675.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	59500.00	59500.00
(b) Of all Other Loans.....	0.00	30500.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	59500.00	90000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	4200.00
21. OTHER DISBURSEMENTS.....	1005.00	1005.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	133092.68	216880.68

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	84257.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	138338.39
25. SUBTOTAL (add Line 23 and Line 24).....	222596.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	133092.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	89503.50

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ACE Cash Express, Inc. PAC  
Mailing Address 1231 Greenway Drive #600  
City Irving State TX Zip Code 75038  
FEC ID number of contributing federal political committee. **C** C00392290  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 21 / 2011  
Transaction ID: 10415.C11453  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
American Express PAC  
Mailing Address 801 Pennsylvania Ave. NW, STE 650  
City Washington State DC Zip Code 20004-2673  
FEC ID number of contributing federal political committee. **C** C00040535  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 23 / 2011  
Transaction ID: 10415.C11494  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
American Financial Services Association  
Mailing Address 919 18th St NW  
City Washington State DC Zip Code 20006-5519  
FEC ID number of contributing federal political committee. **C** C00038604  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 02 / 14 / 2011  
Transaction ID: 10415.C11416  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
American Institute of CPAs PAC

Mailing Address Palladian Corporate Center  
220 Leigh Farm Road

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11450

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
American Seniors Housing PAC

Mailing Address 5100 Wisconsin Avenue, NW, Suite 3

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 4 / 2 0 1 1

**Transaction ID:** 10415.C11425

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
AT&T Federal PAC

Mailing Address 175 E Houston St Rm 7-A-50

City San Antonio State TX Zip Code 78205-2255

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 4 / 2 0 1 1

**Transaction ID:** 10415.C11424

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BGR PAC  
Mailing Address 601 Thirteenth Street, NW  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C** C00359588  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1221.00  
Date of Receipt 03 / 31 / 2011  
**Transaction ID:** 10415.C11509  
Amount of Each Receipt this Period 1221.00  
In-kind

**B.** Full Name (Last, First, Middle Initial)  
Bipartisan PAC/ Mellon Financial Corp.  
Mailing Address 1 Mellon Bank Ctr, Rm 625  
City Pittsburgh State PA Zip Code 15258-0001  
FEC ID number of contributing federal political committee. **C** C00017558  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 02 / 24 / 2011  
**Transaction ID:** 10415.C11423  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Cash America International Inc PAC  
Mailing Address 1600 W 7th St Ste 812  
City Fort Worth State TX Zip Code 76102-2504  
FEC ID number of contributing federal political committee. **C** C00275529  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 21 / 2011  
**Transaction ID:** 10415.C11455  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3221.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
CFSA PAC

Mailing Address 515 King Street, Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00432534

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 305.09

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2011

**Transaction ID:** 10415.C11513

Amount of Each Receipt this Period  
305.09

In-kind

**B.** Full Name (Last, First, Middle Initial)  
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code  
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 398.90

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2011

**Transaction ID:** 10415.C11417

Amount of Each Receipt this Period  
398.90

In-kind

**C.** Full Name (Last, First, Middle Initial)  
Conservative Victory Fund

Mailing Address 104 N Carolina Ave SE

City State Zip Code  
Washington DC 20003-1841

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 792.30

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2011

**Transaction ID:** 10415.C11446

Amount of Each Receipt this Period  
393.40

In-kind

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1097.39**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Deloitte & Touche Federal PAC

Mailing Address PO Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11440

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Ernst & Young Political Action Committee

Mailing Address 1225 Connecticut Ave NW Ste 800

City State Zip Code  
Washington DC 20036-2604

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 1 1

**Transaction ID:** 10415.C11452

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Financial Service Centers of America PAC

Mailing Address PO Box 647

City State Zip Code  
Hackensack NJ 07602

FEC ID number of contributing federal political committee. **C** C00232843

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 1 1

**Transaction ID:** 10415.C11454

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Grant Thorton PAC

Mailing Address 1900 M. Street NW, Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11445

Amount of Each Receipt this Period  
 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
ICI Pac

Mailing Address 1401 H St NW # 1200

City State Zip Code  
Washington DC 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11441

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents Of America

Mailing Address 412 1st St SE Ste 300

City State Zip Code  
Washington DC 20003-1804

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11442

Amount of Each Receipt this Period  
 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
JP Morgan Chase & Co. PAC

Mailing Address 230 Park Ave Fl 21  
21st Floor

City State Zip Code  
New York NY 10169-2403

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: 10415.C11457

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
KPMG Partners/Principals & Employees

Mailing Address PO Box 18254

City State Zip Code  
Washington DC 20036-8254

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: 10415.C11459

Amount of Each Receipt this Period  
1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Lockheed Martin EPAC

Mailing Address 1550 Crystal Drive  
Crystal Square Two, Suite 300

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: 10415.C11438

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Lowes Companies Inc, PAC  
Mailing Address PO Box 1111  
City North Wilkesboro State NC Zip Code 28656-0001  
FEC ID number of contributing federal political committee. **C** C00251751  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 02 / 24 / 2011  
Transaction ID: 10415.C11421  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Morgan Stanley Political Action Committe  
Mailing Address 1585 Broadway 39th Floor  
City New York State NY Zip Code 10036  
FEC ID number of contributing federal political committee. **C** C00337626  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 03 / 31 / 2011  
Transaction ID: 10415.C11500  
Amount of Each Receipt this Period 1500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mortgage Bankers Association Of America  
Mailing Address 1919 Pennsylvania Avenue Nw  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C** C00004812  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt 03 / 31 / 2011  
Transaction ID: 10415.C11511  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Mortgage Insurance PAC

Mailing Address 1425 K St. Nw  
Suite 210

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00113258

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 9 / 2 0 1 1

**Transaction ID:** 10415.C11439

Amount of Each Receipt this Period  
 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mutual of Omaha Companies PAC

Mailing Address Mutual of Omaha Plaza

City Omaha State NE Zip Code 68175

FEC ID number of contributing federal political committee. **C** C00094581

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 1 / 2 0 1 1

**Transaction ID:** 10415.C11451

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
National Venture Capital Assn. PAC

Mailing Address 1655 Fort Myer Dr Ste 850

City Arlington State VA Zip Code 22209-3199

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 1 1

**Transaction ID:** 10415.C11510

Amount of Each Receipt this Period  
 1500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PCIPAC  
Mailing Address 2600 S River Rd  
City Des Plaines State IL Zip Code 60018-3203  
FEC ID number of contributing federal political committee. **C** C00066472  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 14 / 2011  
Transaction ID: 10415.C11444  
Amount of Each Receipt this Period: 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
PricewaterhouseCoopers PAC  
Mailing Address 1301 K St NW Ste 800 Suite 800 West  
City Washington State DC Zip Code 20005-3317  
FEC ID number of contributing federal political committee. **C** C00107235  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 02 / 14 / 2011  
Transaction ID: 10415.C11418  
Amount of Each Receipt this Period: 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
PricewaterhouseCoopers PAC  
Mailing Address 1301 K St NW Ste 800 Suite 800 West  
City Washington State DC Zip Code 20005-3317  
FEC ID number of contributing federal political committee. **C** C00107235  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00  
Date of Receipt: 03 / 31 / 2011  
Transaction ID: 10415.C11508  
Amount of Each Receipt this Period: 1500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Progress Energy Employees Federal PAC  
Mailing Address 801 Pennsylvania Avenue, N.W.  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00091884  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 03 / 02 / 2011  
Transaction ID: 10415.C11432  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
QC Holdings, Inc. PAC  
Mailing Address 9401 Indian Creek PKWY., STE. 1500  
City Shawnee Mission State KS Zip Code 66210  
FEC ID number of contributing federal political committee. **C** C00411769  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00  
Date of Receipt 03 / 02 / 2011  
Transaction ID: 10415.C11431  
Amount of Each Receipt this Period 4000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
R.J. Reynolds Political Action Committee  
Mailing Address PO Box 718  
City Winston Salem State NC Zip Code 27102-0718  
FEC ID number of contributing federal political committee. **C** C00042002  
Name of Employer Occupation  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt 02 / 24 / 2011  
Transaction ID: 10415.C11426  
Amount of Each Receipt this Period 5000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Securities Industry and Financial Market	Date of Receipt
	Mailing Address 1101 New York Avenue, NW, Suite 80	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City State Zip Code Washington DC 20005	<b>Transaction ID:</b> 10415.C11495
	FEC ID number of contributing federal political committee. <input type="text" value="C000431312"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Title Industry PAC	Date of Receipt
	Mailing Address 1828 L St NW Ste 705	<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City State Zip Code Washington DC 20036-5107	<b>Transaction ID:</b> 10415.C11422
	FEC ID number of contributing federal political committee. <input type="text" value="C00012914"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) UPSPAC	Date of Receipt
	Mailing Address 316 Pennsylvania Avenue, SE	<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City State Zip Code Washington DC 20003-1185	<b>Transaction ID:</b> 10415.C11456
	FEC ID number of contributing federal political committee. <input type="text" value="C00064766"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) UPSPAC	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 316 Pennsylvania Avenue, SE	<b>Transaction ID:</b> 10415.C11499
	City State Zip Code Washington DC 20003-1185	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00064766	Receipt
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) UsBancorp Political Participation Prog.	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 800 Nicollet Mall BC-MN-H21O	<b>Transaction ID:</b> 10415.C11415
	City State Zip Code Minneapolis MN 55402-7000	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00018036	Receipt
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ven-PAC	Date of Receipt MM / DD / YYYY 03 / 21 / 2011
	Mailing Address 575 7th Street, NW	<b>Transaction ID:</b> 10415.C11458
	City State Zip Code Washington DC 20004-1601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00369660	Receipt
	Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Wal-Mart Stores Inc. PAC for Responsible

Mailing Address 702 SW 8th St

City State Zip Code  
Bentonville AR 72716-6209

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 14 / 2011

Transaction ID: 10415.C11443

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	59318.39

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**MCHENRY FOR CONGRESS**

<p><b>A.</b> Full Name (Last, First, Middle Initial) C. Dan Adams</p> <p>Mailing Address 84 Villa Road</p> <p>City State Zip Code Greenville SC 29615</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Integrity Funding      Occupation President &amp; CEO</p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 21 / 2011</span></p> <p><b>Transaction ID:</b> 10415.C11482</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2400.00</span></p> <p>Receipt</p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Larry Aiello</p> <p>Mailing Address 3603 Bermuda Dr NE</p> <p>City State Zip Code Conover NC 28613-9428</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Corning Inc.      Occupation Retired</p> <p>Receipt For: 2012  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 14 / 2011</span></p> <p><b>Transaction ID:</b> 10415.C11448</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p> <p>Receipt</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Larry Aiello</p> <p>Mailing Address 3603 Bermuda Dr NE</p> <p>City State Zip Code Conover NC 28613-9428</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Corning Inc.      Occupation Retired</p> <p>Receipt For: 2012  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 14 / 2011</span></p> <p><b>Transaction ID:</b> 10415.C11449</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p> <p>Receipt</p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">7400.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joe Alala

Mailing Address 1011 East Morehead Street, Suite 1

City State Zip Code  
Charlotte NC 28204

FEC ID number of contributing federal political committee. **C**

Name of Employer CapitalSouth Corporation      Occupation Investment Firms

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

**Transaction ID:** 10415.C11501

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joe Alala

Mailing Address 1011 East Morehead Street, Suite 1

City State Zip Code  
Charlotte NC 28204

FEC ID number of contributing federal political committee. **C**

Name of Employer CapitalSouth Corporation      Occupation Investment Firms

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

**Transaction ID:** 10415.C11502

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Neil Annas

Mailing Address 1460 May Rd

City State Zip Code  
Granite Falls NC 28630-9230

FEC ID number of contributing federal political committee. **C**

Name of Employer Granite Insurance Agency, Inc.      Occupation President

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

**Transaction ID:** 10415.C11420

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Alex Bernhardt  
Mailing Address PO Box 740  
City Lenoir State NC Zip Code 28645-0740  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bernhardt Furniture Occupation CEO  
Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 03 / 21 / 2011  
Transaction ID: 10415.C11462  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Keith Brunner  
Mailing Address 129 W. End Place  
City Nashville State TN Zip Code 37205-2363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NCP Finance Occupation President  
Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2300.00  
Date of Receipt 03 / 21 / 2011  
Transaction ID: 10415.C11487  
Amount of Each Receipt this Period 2300.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Priscilla Brunner  
Mailing Address 129 W. End Place  
City Nashville State TN Zip Code 37205-2363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For: 2012 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00  
Date of Receipt 03 / 21 / 2011  
Transaction ID: 10415.C11485  
Amount of Each Receipt this Period 2500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5800.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**MCHENRY FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Alan T. Dickson

Mailing Address 301 S Tryon St, Suite 1800

City State Zip Code  
**Charlotte NC 28202**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 21 / 2011

**Transaction ID:** 10415.C11469

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Todd Eardensohn

Mailing Address 613 Constitution Avenue NE

City State Zip Code  
**Washington DC 20002**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
BGR Group CFO

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 09 / 2011

**Transaction ID:** 10415.C11435

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Joy Evans

Mailing Address 2050 Evergreen Drive, NE

City State Zip Code  
**Conover NC 28613**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Homemaker

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID:** 10415.C11419

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Dave Faunce		Date of Receipt
	Mailing Address 152 Hope Drive		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Rutherfordton	NC	28139-0110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Executive		Occupation Acadia NorthStar, LLC	Transaction ID: 10415.C11434
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="2500.00"/>	Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) Dave Faunce		Date of Receipt
	Mailing Address 152 Hope Drive		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Rutherfordton	NC	28139-0110
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Executive		Occupation Acadia NorthStar, LLC	Transaction ID: 10415.C11433
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="text" value="2500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	Receipt

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Fowler		Date of Receipt
	Mailing Address 551 River Hill Circle, Apt. 528		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Columbia	SC	29210
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: 10415.C11430
Receipt For: 2012		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5250.00"/>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Boyd George

Mailing Address 1820 4th St. Pl. NW

City State Zip Code  
Hickory NC 28601-8635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alex Lee, Inc Executive

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: 10415.C11468

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
G.o. Griffith

Mailing Address 625 Oakland Terrace

City State Zip Code  
Alexandria VA 22302-4114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BGR Holdings CEO

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: 10415.C11437

Amount of Each Receipt this Period  
1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Susan Griffith

Mailing Address 625 Oakland Terrace

City State Zip Code  
Alexandria VA 22302-4114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BGR Group Government Affairs

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: 10415.C11436

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Richard Higgins

Mailing Address 262 Harbor Town Dr

City State Zip Code  
Taylorsville NC 28681-7644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
H K Research Corp President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2011

Transaction ID: 10415.C11428

Amount of Each Receipt this Period  
100.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Richard Higgins

Mailing Address 262 Harbor Town Dr

City State Zip Code  
Taylorsville NC 28681-7644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
H K Research Corp President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

4800.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2011

Transaction ID: 10415.C11429

Amount of Each Receipt this Period  
2300.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Hill

Mailing Address 4617 21st Street Ct NE

City State Zip Code  
Hickory NC 28601-1785

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Western Piedmont Anesthesia Physician

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

800.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2011

Transaction ID: 10415.C11427

Amount of Each Receipt this Period  
800.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Hill

Mailing Address 4617 21st Street Ct NE

City State Zip Code  
Hickory NC 28601-1785

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Western Piedmont Anesthesia Physician

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11474

Amount of Each Receipt this Period  
750.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Allan Jones

Mailing Address PO Box 1015

City State Zip Code  
Cleveland TN 37364-1015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jones Management President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11483

Amount of Each Receipt this Period  
2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Janie Jones

Mailing Address P.O. Box 1015

City State Zip Code  
Cleveland TN 37364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11484

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
G. Leroy Lail

Mailing Address 3619 Links Drive NE

City State Zip Code  
Conover NC 28613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hickory Furniture Mart Owner

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11472

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
G. Leroy Lail

Mailing Address 3619 Links Drive NE

City State Zip Code  
Conover NC 28613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hickory Furniture Mart Owner

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11471

Amount of Each Receipt this Period  
2250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ian Mackechnie

Mailing Address 1902 Andros Drive

City State Zip Code  
Tampa FL 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amscot President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

Transaction ID: 10415.C11489

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Ian Mackechnie

Mailing Address 1902 Andros Drive

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Amscot Occupation President

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 21 / 2011  
**Transaction ID:** 10415.C11488  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jean Mackechnie

Mailing Address 4902 Andros Drive

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Amscot Occupation Head of A/P

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 21 / 2011  
**Transaction ID:** 10415.C11490  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jean Mackechnie

Mailing Address 4902 Andros Drive

City Tampa State FL Zip Code 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Amscot Occupation Head of A/P

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 03 / 21 / 2011  
**Transaction ID:** 10415.C11491  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
James T. Marchesi  
Mailing Address 4755 Clay Peak Drive

City State Zip Code  
Las Vegas NV 89129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Check City President

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

**Transaction ID:** 10415.C11480

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Randall McCoy  
Mailing Address 6045 Century Oaks Drive

City State Zip Code  
Chattanooga TN 37416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Express Check Advance CEO

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

**Transaction ID:** 10415.C11479

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Hilary Miller  
Mailing Address 72 Zaccheus Mead Lane

City State Zip Code  
Greenwich CT 06831-3752

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legal Counsel for Dollar Fina Attorney

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2011

**Transaction ID:** 10415.C11492

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Laura Murphy

Mailing Address 9911 Shady Cove Drive

City State Zip Code  
Fairfax Station VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Homemaker

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: 10415.C11476

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Carl Parton

Mailing Address 581 Oscar Justice Rd

City State Zip Code  
Rutherfordton NC 28139-8114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Parton Lumber Owner

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 10415.C11503

Amount of Each Receipt this Period  
2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Cassandra Parton

Mailing Address 581 Oscar Justice Rd

City State Zip Code  
Rutherfordton NC 28139-8114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Parton Lumber Company Executive

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 10415.C11504

Amount of Each Receipt this Period  
2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
N. Moore Patton  
Mailing Address 450 18th Avenue Ln NW  
City State Zip Code  
Hickory NC 28601-5200  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pepsi Bottling Officer  
Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1  
Transaction ID: 10415.C11505  
Amount of Each Receipt this Period  
2500.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Howard Peabody  
Mailing Address 203 Knoxview Ln  
City State Zip Code  
Mooreville NC 28117-9689  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Shelco, Inc General Contractor  
Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 1 1  
Transaction ID: 10415.C11463  
Amount of Each Receipt this Period  
250.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sonny Roseman  
Mailing Address PO Box 2128  
City State Zip Code  
Hickory NC 28603-2128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
CR Laine Furniture Executive  
Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 1 / 2 0 1 1  
Transaction ID: 10415.C11461  
Amount of Each Receipt this Period  
1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3750.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Randall Ross

Mailing Address 800 - 4th St. SW, Apt. N-121

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C**

Name of Employer BGR Government Affairs Occupation Associate

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2011  
**Transaction ID:** 10415.C11475  
Amount of Each Receipt this Period 250.00  
Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Anthony Scales

Mailing Address 1275 Enclave Road

City Chattanooga State TN Zip Code 37415-5614

FEC ID number of contributing federal political committee. **C**

Name of Employer Express Financial Services Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2011  
**Transaction ID:** 10415.C11478  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.**

Full Name (Last, First, Middle Initial)  
John Weston

Mailing Address 302 Becky Gibson Road

City Greer State SC Zip Code 29651

FEC ID number of contributing federal political committee. **C**

Name of Employer Integrity Funding Occupation CFO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 03 / 21 / 2011  
**Transaction ID:** 10415.C11481  
Amount of Each Receipt this Period 2400.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3650.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher John Wiley	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address PO Box 248	<b>Transaction ID:</b> 10415.C11496
	City State Zip Code Newton NC 28658-0248	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Concept Frames President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Janet Wilson	Date of Receipt MM / DD / YYYY 03 / 23 / 2011
	Mailing Address 411 Tremont Circle, SE	<b>Transaction ID:</b> 10415.C11493
	City State Zip Code Lenoir NC 28645	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation None Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nanette Zipadelli	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 147 S. Longfellow	<b>Transaction ID:</b> 10415.C11506
	City State Zip Code Mooresville NC 28117	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	78550.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) 03 Strategies  Mailing Address PO Box 25363  City Raleigh State NC Zip Code 27611-  Purpose of Disbursement Webhosting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4060 Date of Disbursement 01 / 20 / 2011  Amount of Each Disbursement this Period 50.00  WEBHOSTING
<b>B.</b>	Full Name (Last, First, Middle Initial) 03 Strategies  Mailing Address PO Box 25363  City Raleigh State NC Zip Code 27611-  Purpose of Disbursement Webhosting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4061 Date of Disbursement 02 / 10 / 2011  Amount of Each Disbursement this Period 50.00  WEBHOSTING
<b>C.</b>	Full Name (Last, First, Middle Initial) 03 Strategies  Mailing Address PO Box 25363  City Raleigh State NC Zip Code 27611-  Purpose of Disbursement Webhosting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4062 Date of Disbursement 03 / 17 / 2011  Amount of Each Disbursement this Period 50.00  WEBHOSTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Advantage, Inc</p> <p>Mailing Address 1611 N. Kent Street Suite 905</p> <p>City Arlington State VA Zip Code 22209-</p> <p>Purpose of Disbursement Automated Call Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4063</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 88.00</p> <p><b>AUTOMATED CALL SERVICE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Advantage, Inc</p> <p>Mailing Address 1611 N. Kent Street Suite 905</p> <p>City Arlington State VA Zip Code 22209-</p> <p>Purpose of Disbursement Automated Call Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4064</p> <p>Date of Disbursement 02 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><b>AUTOMATED CALL SERVICE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International, Inc</p> <p>Mailing Address 205 Pennsylvania Ave Se</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Computer Support Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4065</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p><b>COMPUTER SUPPORT FEE</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2388.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Avery Banner Elk Chamber Of Commerce

Mailing Address Po Box 335

City Banner Elk State NC Zip Code 28604-

Purpose of Disbursement  
Membership Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4069

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

225.00

MEMBERSHIP FEE

**B.** Full Name (Last, First, Middle Initial)  
BGR PAC

Mailing Address 601 Thirteenth Street, NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.C11509IK

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1221.00

IN KIND:

**C.** Full Name (Last, First, Middle Initial)  
Burke County Chamber Of Commerce

Mailing Address 110 E Meeting St

City Morganton State NC Zip Code 28655-

Purpose of Disbursement  
Membership Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4073

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

225.00

MEMBERSHIP FEE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1671.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 39 / 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Catawba Print & Mail, Inc <hr/> Mailing Address PO Box 9001 <hr/> City Hickory State NC Zip Code 28603-9001 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4075 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1096.68
	Category/ Type PRINTING
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Catawba Print & Mail, Inc <hr/> Mailing Address PO Box 9001 <hr/> City Hickory State NC Zip Code 28603-9001 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4074 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 566.48
	Category/ Type PRINTING
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Century Link <hr/> Mailing Address PO Box 96064 <hr/> City Charlotte State NC Zip Code 28296-0064 <hr/> Purpose of Disbursement Telephone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4079 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 399.61
	Category/ Type TELEPHONE EXPENSE
	State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2062.77

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Century Link	Transaction ID: 10415.E4102 Date of Disbursement
	Mailing Address PO Box 96064	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Charlotte State NC Zip Code 28296-0064	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Expense	<input type="text" value="401.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE EXPENSE

B.	Full Name (Last, First, Middle Initial) Century Link	Transaction ID: 10415.E4103 Date of Disbursement
	Mailing Address PO Box 96064	<input type="text" value="03"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Charlotte State NC Zip Code 28296-0064	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Expense	<input type="text" value="401.36"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		TELEPHONE EXPENSE

C.	Full Name (Last, First, Middle Initial) CFSA PAC	Transaction ID: 10415.C11513IK Date of Disbursement
	Mailing Address 515 King Street, Suite 300	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="305.09"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		IN KIND:

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1107.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlotte Chamber of Commerce  Mailing Address PO Box 32785  City Charlotte State NC Zip Code 28232-  Purpose of Disbursement Membership Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4080 Date of Disbursement 03 / 01 / 2011	Amount of Each Disbursement this Period  204.00  MEMBERSHIP DUES
<b>B.</b>	Full Name (Last, First, Middle Initial) Platinum Business Credit Card  Mailing Address Po Box 15650  City Wilmington State DE Zip Code 19886-  Purpose of Disbursement Credit Card: See Below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4081 Date of Disbursement 01 / 10 / 2011	Amount of Each Disbursement this Period  5795.56  CREDIT CARD: SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) Carmines  Mailing Address 425 7th St NW  City Washington State DC Zip Code 20004-  Purpose of Disbursement Food & Beverage Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4140 Date of Disbursement 01 / 10 / 2011	Amount of Each Disbursement this Period  450.00  [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5999.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Fed Ex  Mailing Address 1555 Rankin Lake Rd  City Gastonia State NC Zip Code 28052-  Purpose of Disbursement Overnight Delivery Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4142 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 20.06  <b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY FEE
<b>B.</b>	Full Name (Last, First, Middle Initial) IContact  Mailing Address 2635 Meridian Pkwy  City Durham State NC Zip Code 27713-  Purpose of Disbursement Email Marketing Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4146 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 74.00  <b>[MEMO ITEM]</b> MEMO: EMAIL MARKETING SERVICE
<b>C.</b>	Full Name (Last, First, Middle Initial) Lake Hickory Country Club  Mailing Address Po Box 1476  City Hickory State NC Zip Code 28603-  Purpose of Disbursement Food & Beverage Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4149 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 554.36  <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Jackson & Associates <hr/> Mailing Address PO Box 1135 <hr/> City State Zip Code Cornelius NC 28031- <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4150 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 3095.44
	<b>[MEMO ITEM]</b> MEMO: PRINTING
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) The Decatur House <hr/> Mailing Address 1610 H St NW <hr/> City State Zip Code Washington DC 20006- <hr/> Purpose of Disbursement Food & Beverage Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4151 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 450.50
	<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE EXP-ENSE
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) US Airways, Inc <hr/> Mailing Address 111 West Rio Salado Pkwy <hr/> City State Zip Code Tempe AZ 85281- <hr/> Purpose of Disbursement Travel Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4152 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 635.90
	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) US Postal Service  Mailing Address 231 Government Ave SW  City Hickory State NC Zip Code 28602-2955  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4154 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 1 1	Amount of Each Disbursement this Period 156.70  <b>[MEMO ITEM]</b> MEMO: POSTAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Platinum Business Credit Card  Mailing Address Po Box 15650  City Wilmington State DE Zip Code 19886-  Purpose of Disbursement Credit Card: See Below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4082 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 3027.25  CREDIT CARD: SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) Carmines  Mailing Address 425 7th St NW  City Washington State DC Zip Code 20004-  Purpose of Disbursement Food & Beverage Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4141 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 673.20  <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE EXP-ENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3027.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Fed Ex  Mailing Address 1555 Rankin Lake Rd  City Gastonia State NC Zip Code 28052-  Purpose of Disbursement Overnight Delivery Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 96.49  <b>[MEMO ITEM]</b> MEMO: OVERNIGHT DELIVERY FEE
<b>B.</b>	Full Name (Last, First, Middle Initial) IContact  Mailing Address 2635 Meridian Pkwy  City Durham State NC Zip Code 27713-  Purpose of Disbursement Email Marketing Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 74.00  <b>[MEMO ITEM]</b> MEMO: EMAIL MARKETING SERVICE
<b>C.</b>	Full Name (Last, First, Middle Initial) US Postal Service  Mailing Address 231 Government Ave SW  City Hickory State NC Zip Code 28602-2955  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4155 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1	Amount of Each Disbursement this Period 37.97  <b>[MEMO ITEM]</b> MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Fed Ex

Mailing Address 1555 Rankin Lake Rd

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement  
Overnight Delivery Fee

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 10415.E4144  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	1

Amount of Each Disbursement this Period

21.09
-------

[MEMO ITEM]

MEMO: OVERNIGHT DELIVERY FEE

B.

Full Name (Last, First, Middle Initial)  
IContact

Mailing Address 2635 Meridian Pkwy

City Durham State NC Zip Code 27713-

Purpose of Disbursement  
Email Marketing Service

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 10415.E4148  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Amount of Each Disbursement this Period

74.00
-------

[MEMO ITEM]

MEMO: EMAIL MARKETING SERVICE

C.

Full Name (Last, First, Middle Initial)  
US Airways, Inc

Mailing Address 111 West Rio Salado Pkwy

City Tempe State AZ Zip Code 85281-

Purpose of Disbursement  
Travel Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 10415.E4153  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Amount of Each Disbursement this Period

379.90
--------

[MEMO ITEM]

MEMO: TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
------

TOTAL This Period (last page this line number only) ..... ▶

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Capitol Hill Club

Mailing Address 300 First St Se

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4158

Date of Disbursement

03 / 08 / 2011

Amount of Each Disbursement this Period

53.24

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-  
ENSE

B.

Full Name (Last, First, Middle Initial)  
Epic Chop House

Mailing Address 104 S Main St

City Mooresville State NC Zip Code 28115-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4160

Date of Disbursement

03 / 08 / 2011

Amount of Each Disbursement this Period

839.08

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-  
ENSE

C.

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address Po Box 105378

City Atlanta State GA Zip Code 30348-

Purpose of Disbursement  
Mobile Phone Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4163

Date of Disbursement

03 / 08 / 2011

Amount of Each Disbursement this Period

129.58

[MEMO ITEM]

MEMO: MOBILE PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 50 / 72

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4110 Date of Disbursement 02 / 01 / 2011	Amount of Each Disbursement this Period 1473.09  SALARY
B.	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4109 Date of Disbursement 02 / 01 / 2011	Amount of Each Disbursement this Period 1795.30  SALARY
C.	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Mobile Phone Allowance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4105 Date of Disbursement 02 / 01 / 2011	Amount of Each Disbursement this Period 50.00  MOBILE PHONE ALLOWANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3318.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Salary Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 10415.E4111 Date of Disbursement 03 / 01 / 2011  Amount of Each Disbursement this Period 1795.30  SALARY
<b>B.</b>	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Travel Expense Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 10415.E4107 Date of Disbursement 03 / 01 / 2011  Amount of Each Disbursement this Period 132.88  TRAVEL EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Erica Church  Mailing Address 3752 Westwood Rd  City Hamptonville State NC Zip Code 27020-  Purpose of Disbursement Mobile Phone Allowance Candidate Name _____ Category/Type _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: _____ District: _____	Transaction ID: 10415.E4106 Date of Disbursement 03 / 01 / 2011  Amount of Each Disbursement this Period 50.00  MOBILE PHONE ALLOWANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1978.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Cleveland County Chamber Of Commerce

Transaction ID: 10415.E4085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Mailing Address Po Box 879

Amount of Each Disbursement this Period

240.00
--------

City State Zip Code  
Shelby NC 28151-

Purpose of Disbursement  
Membership Fee

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

MEMBERSHIP FEE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Conservative Victory Fund

Transaction ID: 10415.C11417IK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	1	1

Mailing Address 104 N Carolina Ave SE

Amount of Each Disbursement this Period

398.90
--------

City State Zip Code  
Washington DC 20003-1841

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN KIND:

State: District:

C.

Full Name (Last, First, Middle Initial)  
Conservative Victory Fund

Transaction ID: 10415.C11446IK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	1

Mailing Address 104 N Carolina Ave SE

Amount of Each Disbursement this Period

393.40
--------

City State Zip Code  
Washington DC 20003-1841

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

IN KIND:

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

1032.30
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**TOTAL** This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Crowne Plaza Hotel</p> <p>Mailing Address 1385 Lenoir Rhyne Blvd SE</p> <p>City Hickory State NC Zip Code 28602-</p> <p>Purpose of Disbursement Food and Beverage Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4087</p> <p>Date of Disbursement 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1191.02</p> <p><b>FOOD AND BEVERAGE EXPENSE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Crowne Plaza Hotel</p> <p>Mailing Address 1385 Lenoir Rhyne Blvd SE</p> <p>City Hickory State NC Zip Code 28602-</p> <p>Purpose of Disbursement Food and Beverage Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4088</p> <p>Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2083.50</p> <p><b>FOOD AND BEVERAGE EXPENSE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CTS Holdings, LLC</p> <p>Mailing Address 2525 Horizon Lake Dr Ste #120</p> <p>City Memphis State TN Zip Code 38133-</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4089</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 52.00</p> <p><b>CREDIT CARD PROCESSING FEE</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3326.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4090 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 223.75 <hr/> CREDIT CARD PROCESSING FEE
<b>B.</b>	Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4091 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 9.95 <hr/> CREDIT CARD PROCESSING FEE
<b>C.</b>	Full Name (Last, First, Middle Initial) CTS Holdings, LLC <hr/> Mailing Address 2525 Horizon Lake Dr Ste #120 <hr/> City Memphis State TN Zip Code 38133- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4092 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 33.33 <hr/> CREDIT CARD PROCESSING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	267.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 10415.E4093 Date of Disbursement 03 / 01 / 2011
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 9.95
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

B.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 10415.E4094 Date of Disbursement 03 / 08 / 2011
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 10.00
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

C.	Full Name (Last, First, Middle Initial) CTS Holdings, LLC	Transaction ID: 10415.E4095 Date of Disbursement 03 / 31 / 2011
	Mailing Address 2525 Horizon Lake Dr Ste #120	Amount of Each Disbursement this Period 9.95
	City Memphis State TN Zip Code 38133-	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	29.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4096 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 288.01
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES
<b>B.</b> Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4097 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 28.68
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES
<b>C.</b> Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4098 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 485.61
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	802.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4099 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 11.48
	Category/ Type PAYROLL TAXES
	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 272.17	
Category/ Type PAYROLL TAXES	
<b>C.</b> Full Name (Last, First, Middle Initial) Gaston Regional Chamber Of Commerce <hr/> Mailing Address 601 W Franklin Blvd <hr/> City Gastonia State NC Zip Code 28052- <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4117 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 85.00
	Category/ Type MEALS
	Full Name (Last, First, Middle Initial) EFTPS(Internal Revenue Service) <hr/> Mailing Address PO Box 105703 <hr/> City Atlanta State GA Zip Code 30348- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 272.17	
Category/ Type PAYROLL TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	368.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 10415.E4058 Date of Disbursement 01 / 21 / 2011
	Mailing Address PO Box 8522	Amount of Each Disbursement this Period 70.50
	City Falls Church State VA Zip Code 22044-	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

B.	Full Name (Last, First, Middle Initial) iContribute	Transaction ID: 10415.E4059 Date of Disbursement 02 / 10 / 2011
	Mailing Address PO Box 8522	Amount of Each Disbursement this Period 18.00
	City Falls Church State VA Zip Code 22044-	
	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD PROCESSING FEE

C.	Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Transaction ID: 10415.E4125 Date of Disbursement 03 / 30 / 2011
	Mailing Address 806B Requa Rd	Amount of Each Disbursement this Period 18225.98
	City Cherryville State NC Zip Code 28021-	
	Purpose of Disbursement Loan Interest Expense	Category/ Type
	Candidate Name PATRICK TIMOTHY MCHENRY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		LOAN INTEREST EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	18314.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) NC Dept. of Revenue <hr/> Mailing Address PO Box 25000 <hr/> City Raleigh State NC Zip Code 27640-0615 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4121 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 64.00
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES
<b>B.</b> Full Name (Last, First, Middle Initial) NC Dept. of Revenue <hr/> Mailing Address PO Box 25000 <hr/> City Raleigh State NC Zip Code 27640-0615 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 105.00
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES
<b>C.</b> Full Name (Last, First, Middle Initial) NC Dept. of Revenue <hr/> Mailing Address PO Box 25000 <hr/> City Raleigh State NC Zip Code 27640-0615 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 64.00
	Category/ Type PAYROLL TAXES
	PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

233.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Oorbeek <hr/> Mailing Address 5903 Woodfield Estates Dr <hr/> City Alexandria State VA Zip Code 22310- <hr/> Purpose of Disbursement Reimbursement: See Below Candidate Name	Transaction ID: 10415.E4070 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1100.00 <hr/> REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) The Liaison <hr/> Mailing Address 415 New Jersey Ave NW <hr/> City Washington State DC Zip Code 20001- <hr/> Purpose of Disbursement Food & Beverage Expense Candidate Name	Transaction ID: 10415.E4165 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1100.00 <hr/> [MEMO ITEM] MEMO: FOOD & BEVERAGE EXP-ENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bill Oorbeek <hr/> Mailing Address 5903 Woodfield Estates Dr <hr/> City Alexandria State VA Zip Code 22310- <hr/> Purpose of Disbursement Reimbursement: See Below Candidate Name	Transaction ID: 10415.E4071 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 201.90 <hr/> REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1301.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
W Millar & Co Catering

Mailing Address 1335 14th St NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4166  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Amount of Each Disbursement this Period

201.90
--------

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-  
ENSE

B.

Full Name (Last, First, Middle Initial)  
Bill Oorbeek

Mailing Address 5903 Woodfield Estates Dr

City Alexandria State VA Zip Code 22310-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4072  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Amount of Each Disbursement this Period

1060.53
---------

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
W Millar & Co Catering

Mailing Address 1335 14th St NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4167  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Amount of Each Disbursement this Period

228.03
--------

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-  
ENSE

SUBTOTAL of Disbursements This Page (optional) ▶

1060.53
---------

TOTAL This Period (last page this line number only) ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Co Co Sala

Mailing Address 929 F St NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 10415.E4168  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Amount of Each Disbursement this Period

500.00
--------

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-ENSE

B.

Full Name (Last, First, Middle Initial)  
Sonoma Restaurant

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20500-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 10415.E4169  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Amount of Each Disbursement this Period

332.50
--------

[MEMO ITEM]

MEMO: FOOD & BEVERAGE EXP-ENSE

C.

Full Name (Last, First, Middle Initial)  
Owls Eye Vineyard

Mailing Address 1414 Metcalf Rd

City Shelby State NC Zip Code 28150-

Purpose of Disbursement  
Food & Beverage Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 10415.E4124  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	1

Amount of Each Disbursement this Period

247.99
--------

FOOD & BEVERAGE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ..... ▶

247.99
--------

TOTAL This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4066  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	1

Amount of Each Disbursement this Period

850.00
--------

OFFICE RENT

**B.** Full Name (Last, First, Middle Initial)  
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4067  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	1

Amount of Each Disbursement this Period

850.00
--------

OFFICE RENT

**C.** Full Name (Last, First, Middle Initial)  
The Armory Bldg/Prism Property Mgmt

Mailing Address Po Box 729

City Hickory State NC Zip Code 28603-

Purpose of Disbursement  
Office Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4068  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	1

Amount of Each Disbursement this Period

850.00
--------

OFFICE RENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2550.00
---------

**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Catherine Rains

Transaction ID: 10415.E4076  
Date of Disbursement

Mailing Address 317 Oakwood Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	1

City Devon State PA Zip Code 19333-

Amount of Each Disbursement this Period

1635.00
---------

Purpose of Disbursement  
Salary

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SALARY

B.

Full Name (Last, First, Middle Initial)  
Catherine Rains

Transaction ID: 10415.E4077  
Date of Disbursement

Mailing Address 317 Oakwood Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	1

City Devon State PA Zip Code 19333-

Amount of Each Disbursement this Period

1635.00
---------

Purpose of Disbursement  
Salary

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SALARY

C.

Full Name (Last, First, Middle Initial)  
Catherine Rains

Transaction ID: 10415.E4078  
Date of Disbursement

Mailing Address 317 Oakwood Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	1

City Devon State PA Zip Code 19333-

Amount of Each Disbursement this Period

1635.00
---------

Purpose of Disbursement  
Salary

Category/ Type
-------------------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SALARY

SUBTOTAL of Disbursements This Page (optional) .....

4905.00
---------

TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 219100</p> <p>City Kansas City State MO Zip Code 64121-9100</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4127</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="127.59"/></p> <p>TELEPHONE EXPENSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sprint</p> <p>Mailing Address PO Box 219100</p> <p>City Kansas City State MO Zip Code 64121-9100</p> <p>Purpose of Disbursement Telephone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4128</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.17"/></p> <p>TELEPHONE EXPENSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Oorbeek Group</p> <p>Mailing Address 5903 Woodfield Estates Dr</p> <p>City Alexandria State VA Zip Code 22310-</p> <p>Purpose of Disbursement Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4129</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p> <p>FUNDRAISING</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 66 / 72

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4130 <b>Date of Disbursement</b> 01 / 20 / 2011	Amount of Each Disbursement this Period 2280.00 FUNDRAISING
<b>B.</b>	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4131 <b>Date of Disbursement</b> 02 / 10 / 2011	Amount of Each Disbursement this Period 2500.00 FUNDRAISING
<b>C.</b>	Full Name (Last, First, Middle Initial) The Oorbeek Group Mailing Address 5903 Woodfield Estates Dr City Alexandria State VA Zip Code 22310- Purpose of Disbursement Fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 10415.E4132 <b>Date of Disbursement</b> 03 / 17 / 2011	Amount of Each Disbursement this Period 2500.00 FUNDRAISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7280.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) US Postal Service <hr/> Mailing Address 231 Government Ave SW <hr/> City Hickory State NC Zip Code 28602-2955 Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4134 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 507.33
	POSTAGE
	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) US Postal Service <hr/> Mailing Address 231 Government Ave SW <hr/> City Hickory State NC Zip Code 28602-2955 Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4133 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 237.01
	POSTAGE
	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address Po Box 105378 <hr/> City Atlanta State GA Zip Code 30348- Purpose of Disbursement Mobile Phone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10415.E4135 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 1 1
	Amount of Each Disbursement this Period 176.80
	MOBILE PHONE EXPENSE
	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	921.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address Po Box 105378</p> <p>City Atlanta State GA Zip Code 30348-</p> <p>Purpose of Disbursement Mobile Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4136 <b>Date of Disbursement</b> 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 182.15</p> <p>MOBILE PHONE EXPENSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address Po Box 105378</p> <p>City Atlanta State GA Zip Code 30348-</p> <p>Purpose of Disbursement Mobile Phone Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4137 <b>Date of Disbursement</b> 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 187.98</p> <p>MOBILE PHONE EXPENSE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Warren &amp; Associates</p> <p>Mailing Address PO Box 1871</p> <p>City Gastonia State NC Zip Code 28052-</p> <p>Purpose of Disbursement Payroll Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 10415.E4138 <b>Date of Disbursement</b> 01 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 134.91</p> <p>PAYROLL PROCESSING FEE</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

505.04

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Warren & Associates

Mailing Address PO Box 1871

City State Zip Code  
Gastonia NC 28052-

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4139

Date of Disbursement

/   /

Amount of Each Disbursement this Period

162.65

PAYROLL PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional) .....

162.65

TOTAL This Period (last page this line number only) .....

72271.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 72

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Patrick Timothy McHenry

Transaction ID: 10415.E4126  
Date of Disbursement

Mailing Address 806B Requa Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

City State Zip Code  
Cherryville NC 28021-

Amount of Each Disbursement this Period

59500.00
----------

Purpose of Disbursement  
Repay Loan made/Guar. By Cand Loan Princ

--

Category/  
Type

Candidate Name  
PATRICK TIMOTHY MCHENRY

Office Sought:  House  
 Senate  
 President  
State: NC District: 10

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

59500.00
----------

TOTAL This Period (last page this line number only) ..... ►

59500.00
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 71 / 72

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Gaston County Republican Party

Mailing Address 312 W Third Ave

City Gastonia State NC Zip Code 28052-

Purpose of Disbursement  
LINCOLN DAY DINNER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4116

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)  
Iredell County Republican Party

Mailing Address 176 Painted Bunting Drive

City Troutman State NC Zip Code 28166-

Purpose of Disbursement  
REAGAN DAY DINNER

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 10415.E4118

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

900.00

TOTAL This Period (last page this line number only) ..... ▶

900.00

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
MCHENRY FOR CONGRESS

Transaction ID: LS80714.C8184

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Patrick Timothy McHenry	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G-2008
Mailing Address 806B Requa Rd	
City Cherryville State NC ZIP Code 28021-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
175000.00	175000.00	0.00

**TERMS**

Date Incurred MM DD YY 06 30 2008	Date Due ONDEMAND	Interest Rate 600.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.